

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) MAYO-0002								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Lieping CHEN et al.</td> </tr> <tr> <td style="padding: 5px;">Application Number 10/719,477</td> <td style="padding: 5px;">Filed November 21, 2003</td> </tr> <tr> <td colspan="2" style="padding: 5px;">DETECTION OF ANTIBODIES SPECIFIC FOR B7-H1 IN SUBJECTS For WITH DISEASES OR PATHOLOGICAL ...</td> </tr> <tr> <td style="padding: 5px;">Group Art Unit 1644</td> <td style="padding: 5px;">Examiner Ilia I. Ouspenski</td> </tr> </table>			In re Application of Lieping CHEN et al.		Application Number 10/719,477	Filed November 21, 2003	DETECTION OF ANTIBODIES SPECIFIC FOR B7-H1 IN SUBJECTS For WITH DISEASES OR PATHOLOGICAL ...		Group Art Unit 1644	Examiner Ilia I. Ouspenski
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) </div> <div style="text-align: right;"> \$ _____ \$ <u>460.00</u> \$ _____ \$ _____ \$ _____ </div> </div> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card via EFS.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="padding-left: 40px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="padding-left: 40px;">Registration number if acting under 37 CFR 1.34(a). _____.</p>										
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>										
March 12, 2008 _____ Date		/Anthony J. Zelano/ _____ Signature Anthony J. Zelano, Reg. No. 27,969 _____ Typed or printed name								
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>										